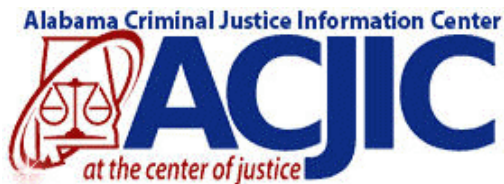




Through AlaSafe.gov, family members/caregivers of individuals with forms of dementia may now provide information about their loved ones to authorized Alabama law enforcement officials, in the event their loved one wanders or becomes lost.

www.AlaSafe.gov is a secure government website available as a free service. AlaSafe.gov is designed, maintained and operated under the authority of the



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HOW TO REGISTER YOUR LOVED ONE WITH ALASAFE.GOV

STEP 1 – Go To www.alasafe.gov

First, you will provide the following information about yourself (the primary contact)

- Your Name (First, Middle, Last Name)
- Business Name (if applicable)
- Address # 1 – Street Address, with Apt/Room/Suite #
- Address # 2 – Mailing Address (if different)
- County (Alabama county in which you reside)
- City, State, Zip Code
- E-mail Address (if applicable, for confirmation & renewal e-mails)
- Home Phone #, with Area Code
- Cell Phone #, with Area Code
- Work Phone #, with Area Code

STEP 2 – Choose Your User Name /Password, and how you wish to receive your AlaSafe.gov yearly renewal notification

A User Name and Password will be necessary for your information to be entered into the AlaSafe.gov system, to be updated, or deleted. Remember to keep your User Name and Password/PIN in a safe place, and do not share it with others, unless you are entrusting them with the authority to update and/or maintain this very personal information. You can also provide a password or PIN hint, just in case you forget your password. This is what we would e-mail to help you remember your password/PIN.

- Your **UserName** should be no more than 35 characters.

- **Your Password** should be at least 8 characters, no more than 15 characters, and will be Case Sensitive (which means it must be typed in EXACTLY as you have it – capital letters must be capitalized, and lower-case letters must be typed in lower case).

User Name and Password/PIN

*Username »

*Password or PIN »

*Re-type Password or PIN »

*Password or PIN Hint »

[If you forget your password or PIN, we'll email your hint to you to help you remember it.]

Each year, we will need to check with you to see if there have been any changes in the status of your loved one, or if you wish to remove the individual from the AlaSafe.gov database. You will be asked to specify for us whether you wish to receive your yearly notification through a particular **E-mail address**, or if you wish for a paper version of your information to be mailed to you at a **specific mailing address**.

STEP 3 – Additional Contacts

You will have the option to add up to two other contacts besides yourself. The primary contact will be contacted first. In the event law enforcement officials are unable to locate you, then they will call those you have provided as alternative contacts. **You may choose not to enter any alternative contacts, or you may choose to enter up to 2 alternative contacts.** You may edit your record at any time in the future and list or change alternative contacts.

You'll need the following information on EACH Alternate / Additional Contact:

- Alternate Contact Name (First, Middle, Last Name)
- Address # 1 – Street Address, with Apt/Room/Suite #
- Address # 2 – Mailing Address (if different)
- County (Alabama county in which you reside)
- City, State, Zip Code
- E-mail Address (if applicable, for confirmation & renewal e-mails)
- Home Phone #, with Area Code
- Cell Phone #, with Area Code
- Work Phone #, with Area Code
- What is this person's relationship to the patient you are registering?

STEP 4 – Registrant/ Patient Information

This is information about the individual(s) that you are registering with AlaSafe.gov. This information is very personal, so we encourage you again to SAFEGUARD your User Name and Password after you register your patient online with AlaSafe.gov. Field denoted in **bold** are required.

- **Patient name (First, Middle, & Last Names, and any suffix such as Sr., Jr., etc.**
- Nickname this person goes by or may recognize
- **Address # 1 (Street Address with Apt/Room/Suite #)**
- Address # 2 (Mailing Address)
- **County (Alabama county in which this person resides)**
- **City, State, Zip Code**
- Phone Number, with Area Code
- **What is your relationship to this patient?** (Note: We ask this again, in case you are registering multiple individuals. Please make sure to complete this information).

STEP 5 – Information about how we might identify this patient.

Field denoted in **bold** are required.

- Patient's drivers license # (if they drive or still have a drivers license) and the State issuing this license.
- Vehicle Make, Model, Year, and Color
- Vehicle Tag #
- Describe the registrant/patient's vehicle with any other information which would be important (200 character limit)
- Social Security Number
- **Birthdate or Age** (one or the other is required)
- **Sex** (Male / Female)
- **Height** (in feet and inches)
- **Weight**
- **Eye Color**
- **Hair Color**
- **Race**
- **Complexion** (light/fair; medium/olive; dark/black)
- **Language** (primary language spoken by registrant/patient)
- All features which may apply
 - ☐ Bald
 - ☐ Beard
 - ☐ Cane
 - ☐ Contacts
 - ☐ Dentures
 - ☐ Glasses
 - ☐ Hearing Aide
 - ☐ Moustache
 - ☐ Oxygen
 - ☐ Scooter
 - ☐ Walker

- ☐ Wheelchair
- ☐ Wig

- Does the registrant/patient have any distinguishing moles, scars, birthmarks, or tattoos? Please describe. (500 character limit)
- Does the registrant/patient have any distinguishing deformities or physical disabilities / limitations? Please describe (500 character limit)

Registrant/ Patient General Medical Information

- Please describe any behavioral characteristics which may help identify the registrant or any behaviors which are consistent with the individual. (1000 character limit)
- Please describe any certain ways the registrant should be approached or methods which should be used should he/she be located. (1000 character limit)
- Has the registrant / patient previously had episodes of wandering? If so, where was the registrant found? (1000 character limit)
- It is not uncommon for patients to retain strong memories of individuals, occurrences or events, names, military units, childhood events, etc. from their past. If this registrant has such memories, please describe. (1000 character limit)

General Mental / Physical Health

- Please describe the registrant's overall MENTAL health (1000 character limit)
- Please describe the registrant's overall PHYSICAL health (1000 character limit)
- Please describe any medical conditions which would require attention (1000 character limit)
- Please indicate any allergies the registrant may have, including food and medication allergies (1000 character limit)

STEP 6 – Additional Registrant / Patient Information

NOTE: None of these field are required, but may be helpful.

- Doctor Information- Please provide the name and office phone number of the patient's primary doctor. You may also provide the name and office phone numbers of up to three additional doctors.
- Pharmacy Information – Please provide the name and phone number of the patient's pharmacy/ pharmacist . Space is provided for up to four pharmacy names and phone numbers.
- Medications – You may also provide the names and dosages of any critical medications needed by the registrant. (500 character limit)
- Insurance Information – You may provide any pertinent insurance information, including policy numbers and Medicare number. (500 character limit)
- Safe Return – Is this person is registered with the national "Safe Return" program? If so, you may also make note AND note the patient's "Safe Return" registration number at AlaSafe.gov
- Alabama Project Lifesaver - Is this person registered with the Alabama Project Lifesaver program? If so, what is the patient's frequency number, and what agency monitors that frequency number? You will need this information for your AlaSafe.gov registration.
- Blue Cross/ Blue Shield EPI Program –If the patient is registered with the BC/BS EPI (Emergency Patient Information) Program, you can enter the 10 character EPI Rescue number from the patient's EPI card for AlaSafe.gov

- There also is a place for you to provide any additional comments that you feel will be helpful to law enforcement, should this person become lost or wander. (1000 character limit)

STEP 7 – Registrant / Patient Photographs (Optional, but helpful)

Photos can be critical to helping identify someone. You can upload any photographs (up to 4) of the registrant into the online AlaSafe.gov system. If you are submitting photos, here are the guidelines for file and image size:

- **Image Type:** Only images in jpeg/jpg and gif format will be accepted.
- **Image Dimension Size:** You may upload images of large dimensions. They will automatically be rescaled to fit within our standards.
- **Image File Size:** The better quality image you upload, the better the result will be of the final image which will be stored on our server. Large file sizes will be automatically compressed to fit within our standards.
- **Please also provide some descriptive text about the photograph(s),** such as the approximate date it was taken or the age of the patient when the photo was taken.

After you've entered this information online at www.AlaSafe.gov , you will be able to review all the information you provided. If you ever need to correct or change anything, just log in to your account and make the corrections.

www.AlaSafe.gov is a free service, designed, maintained and operated under the authority of the Alabama Criminal Justice Information Center , 770 Washington Avenue, Suite 350 – Montgomery, Alabama 36130. Criminal penalties apply for the misuse of ACJIC systems.